



August 5, 2011

Dear Friends of Citizens with Disabilities:

The Pony Express Horseback Riding Program is now registering for our 2011 Spring Session. We are very excited about being able to offer this beneficial program for children and young adults with disabilities in Licking County.

Formal programs for horseback riding for individuals with disabilities have been organized since 1953 in England and since 1969 in the United States. Locally, the Licking County Equestrian Center has donated the use of their facility for our local riding program under the Friends of Citizens with Disabilities.

Riding is an excellent form of therapeutic recreation and socialization. Riding helps to develop self-awareness, self-confidence, and self-discipline. It also strengthens and relaxes muscles, improves posture, balance, coordination, while also increasing joint mobility.

Classes will be filled on a first-come, first serve basis. **In order to reserve your space, registration forms and payment must be returned by August 29, 2011.**

Riding sessions will be held September 6 - October 11, 2011 on Tuesday evenings, beginning promptly at 6:00 p.m.

If you have questions, please contact Lisa Baker at 345-9861 or lbaker@goodwillnewark.com

Sincerely,

Lisa Baker
Communications Administrator
Licking/Knox Goodwill Industries, Inc.
Friends of Citizens with Disabilities



Pony Express Rider's Fact Sheet

Who Can Enroll?

All individuals with disabilities in Licking County may participate. Adult participation is based on space availability. Participant's eligibility is based on space, safety, and suitability of the rider to the program.

When are the Sessions?

September 6 - October 11, 2011, all sessions will be held on Tuesday evening and begin promptly at 6:00 p.m. Water will be available at each session.

Where are the Sessions Held?

Licking County Equestrian Center
12450 Flint Ridge Road
Newark, Ohio 43055

What is the Cost of the Program?

\$20.00 per rider per 6 week session
Make checks payable to: Friends of Citizens with Disabilities

How do I Enroll?

Return registration forms and payment to:

Friends of Citizens with Disabilities
Attention: Pony Express Program
P.O. Box 46
Newark, OH 43058-0046

What Else do I Need to Know?

- Space is limited participants are enrolled first come first serve. Payment and forms must be returned to reserve your space.
- You will be contacted by phone to confirm your enrollment.
- INCLEMENT WEATHER – We will make every attempt to reach you at the number provided to inform you of any cancellations due to inclement weather.



Contact Information Form

Participant Information:

Participant's Name: _____

Date of Birth: _____

Nature of Disability: _____

T-Shirt Size: _____

Parent Information:

Parent/Guardian Name: _____

Home Phone: _____

Parent Work Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

T-Shirt Size: _____

Session Cancellations for Inclement Weather

Phone Number where we can reach you or leave a message during the day.

Phone Number

Complete & Return



Liability Waiver

I hereby for myself, and for my child or ward if signed by a parent or guardian, waive any and all claims against Friends of Citizens with Disabilities and/or the Pony Express Riding Program, their agents, volunteers, or employees for any and all injuries or damages suffered in relation to equine activities. I acknowledge that equine activities involve certain inherent risks, including, but not limited to:

- a. The propensity of an equine to behave in ways that may result in injury, death or loss to persons on or around the equine;
- b. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- c. Hazards, including, but not limited to, surface or subsurface conditions;
- d. A collision with another equine, another animal, a person or an object; and
- e. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I further acknowledge that reasonable inquiry was made regarding my (or my child's or ward's if signed by a parent or guardian) experience with equines including the ability to safely engage in equine activities and to safely manage an equine.

Date: _____

Participant/Volunteer Signature (parent if a minor)

Participant's Printed Name

Complete & Return

LICKING COUNTY EQUESTRIAN CENTER

12450 Flint Ridge Road SE

Newark, OH 43056

740/349-4663 (hoof)

WAIVER OF LIABILITY

I understand that equine activities are inherently dangerous and that there are obvious and non-obvious risks. In exchange for my participation in equine activities, I accept those risks.

I release the Licking County Equestrian Center ("LCEC") and anyone associated the LCEC including but not limited to owners, trainers, and guests from liability due to ordinary negligence. I shall bring no claims, demands, actions and causes of action and/or litigation, against LCEC or anyone associated with LCEC for any economic or non-economic losses due to bodily injury, death, or property damage sustained by me and/or my minor child or legal ward and/or my horse in relation to LCEC, its premises or operation, while riding, handling, observing, or otherwise participating in equine activities. Further I shall indemnify and hold LCEC harmless for any such actions filed by my minor child, my guest or anyone under my control or at LCEC at my invitation.

Date: _____
Equine Activity Participant/Volunteer (parent if a minor)

Witness: _____
Printed Name

Complete & Return



Rules For Horseback Riding Classes

Helmets are to be worn by riders at all times.

Long pants or jeans, sturdy boots or shoes are recommended for riders and volunteers.

Only riders, volunteers and instructors are allowed in the riding area.

Participants who require lifting - Volunteers may not be able or willing to lift participants. In order to ensure that the participant will ride each evening, please be prepared to assist your child or bring someone to assist at the sessions.

Parents are responsible for the supervision of their children outside the riding arena.

All forms and payment must be completed and returned **PRIOR** to the first session.

- A) Emergency medical form
- B) Friends of Citizens with Disabilities Waiver of Liability
- C) Photo release
- D) Rules for horseback riding classes
- E) Licking County Equestrian Center Waiver of Liability
- F) Contact Information Form

No smoking at any time in the barn area.

Only individuals who have completed the necessary paperwork and have made payment will be allowed to ride or participate in the program.

Parents/guardians are encouraged to assist the Pony Express volunteers as they work with your child/participant.

I have read and understand the rules for the Pony Express Horseback Riding Classes.

Participant Name: _____

Parent/Legal Guardian: _____ Date: _____

Complete & Return

**FRIENDS OF CITIZENS WITH DISABILITIES
EMERGENCY MEDICAL AUTHORIZATION**

Name: _____ Date of Birth: _____

Address: _____ Phone: _____ (h)

Phone: _____ (c)

IN THE EVENT THAT EMERGENCY MEDICAL TREATMENT IS NECESSARY, PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

MEDICATION:

Medicine Name	Dose	Schedule	Reason Prescribed

Check box & continue medicine on back if necessary

Known Allergies: _____

Medical Conditions: (Diabetes, Heart Disease, Epilepsy, Etc.)

Over the Counter Medications:

Aspirin:

YES
 NO

Non-Aspirin:

YES
 NO

Antacids:

YES
 NO

Cold/Allergy:

YES
 NO

Participant/Parent/Guardian Signature

Date

Form Completed By

Relationship

Reviewed/Revised 11/98,11/05, 5/06, 11/09, 8/10

Complete & Return



Public Relations Photo Release

I, _____, agree to the following:

- Yes No Friends of Citizens with Disabilities may use my or my child's/ward's photo and name to promote the Pony Express Riding Program to the general public through its website, newsletter, promotional publications or other types of media.

Name of Participant: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

I may revoke my permission at any time by signing this section:

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Complete & Return